



## Higher Ed. Collaborative/Special Education Licensing Program Registration

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Do you have a current Vermont State teaching license?  
☐ YES ☐ NO License Number: \_\_\_\_\_
2. Endorsement area(s):  
☐ Elementary Education ☐ Middle School  
☐ Secondary Education \_\_\_\_\_
3. In the past 15 years have you been convicted of any violation of any law or ordinance (except minor traffic violations)?  
☐ Yes ☐ No
4. How did you first hear of the Higher Education Collaborative?  
Newspaper\_\_\_\_Employer\_\_\_\_HEC literature\_\_\_\_ Other\_\_\_\_

### Employment History

5. Present or most recent employment:

Name of employer/agency/school \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Job title: \_\_\_\_\_

Supervisor (Name and title) \_\_\_\_\_

May we contact this employer? Yes ☐ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

No ☐

Brief summary of job responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next most recent employment:

Name of employer/agency/school \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Job title: \_\_\_\_\_

Supervisor (Name and title) \_\_\_\_\_

May we contact this employer? Yes ☐ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

No ☐

Brief summary of job responsibilities: \_\_\_\_\_

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Name of employer/agency/school \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Job title: \_\_\_\_\_

Supervisor (Name and title) \_\_\_\_\_

May we contact this employer? Yes ☐ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

No ☐

Brief summary of job responsibilities: \_\_\_\_\_

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**Read each of the following statements and indicate your understanding.**

6. I understand that I will sign a contract if accepted outlining my responsibilities to the program

☐ Yes ☐ No, I have questions: \_\_\_\_\_

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7. I understand that the HEC will culminate with participants earning the right to apply for an endorsement in special education with the Department of Education.

☐ Yes ☐ No, I have questions: \_\_\_\_\_

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8. I understand that the HEC will offer 8 graduate courses (i.e., 24 traditional credits) including 6 internship credits.

☐ Yes ☐ No, I have questions: \_\_\_\_\_

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9. I understand that the courses taken through the HEC can be applied toward a master's degree if accepted.  
☐ Yes ☐ No, I have questions: \_\_\_\_\_  
\_\_\_\_\_
10. I understand that my internship will be supervised by a field-based mentor as well as a HEC supervisor.  
☐ Yes ☐ No, I have questions: \_\_\_\_\_  
\_\_\_\_\_
11. I understand that I will need to work with the principal/supervisor to ensure that I can engage in my course/ internship responsibilities.  
☐ Yes ☐ No, I have questions: \_\_\_\_\_  
\_\_\_\_\_
12. I understand that if I do not intend to function as a special education teacher, but want to earn this endorsement, I can join a cohort if there is space available.  
☐ Yes ☐ No, I have questions: \_\_\_\_\_  
\_\_\_\_\_
13. Are you currently employed under a provisional license as a Special Educator?  
☐ Yes ☐ No
14. I understand that if I am accepted into the program that I will need to have access to a computer and an e-mail account.  
☐ Yes ☐ No
15. I understand that if I am accepted into the program that I will need to have access to students with special needs in order to complete course and internship requirements.  
☐ Yes ☐ No
16. I would like to join the following cohort if accepted:  
☐ Rutland  
☐ North East Region

[illegible]

*Amy Watson  
Department of Education – Berlin Office  
120 State Street  
Montpelier, Vermont 05602  
(802) 828-0262  
[amywatson@education.state.vt.us](mailto:amywatson@education.state.vt.us)*